

# Counselor Intervention Plan

**Counselor:** \_\_\_\_\_

**Assignment/Grade:** \_\_\_\_\_

**ID #:** \_\_\_\_\_

**Evaluator:** \_\_\_\_\_

**Campus Name:** \_\_\_\_\_

<b>Performance Area</b> <i>Domain(s)/ Indicator(s) from                      SCAI Performance Rubric</i>	<b>Performance-Improvement Activities</b> <i>Directives for Changes</i>	<b>Indicators of Success</b> <i>Evidence that will be used to determine if teacher/professional behavior                      has changed</i>	<b>Start Date</b>	<b>End Date</b>
<b><i>Evaluator: Please add or delete activities as applicable</i></b>				
<b>1.1 Individual Student Planning: Appraisal and Advisement</b>  <i>Provide evidence-based academic achievement support for students and their parents/guardians.</i>	The counselor will identify students who are academically at risk and meet with those students, parents/guardians, and teachers to develop action plans (Academic Success Conferences) to improve academic achievement.  The counselor will provide sequential activities to help students develop self-awareness and learn how to set academic and career goals			
<b>1.2 Individual Student Planning: Appraisal and Advisement</b>  <b>Assists students in transition activities to ensure access to appropriate academic programs</b>	The counselor will systematically provide information to students and parents about academic programs and extracurricular offerings  The counselor will assist all students with understanding and making appropriate course selections by meeting with students and providing information to parents in a singular manner.			
<b>2.1 Responsive Services: Counseling</b>  <b>Provides individual and small group counseling to meet students' social, emotional and interpersonal needs</b>	The counselor will provide individual and group counseling to address students' needs  The counselor will respond to students in crisis and addresses barriers to student's success by offering prevention and crisis interventions			

<p><b>3.1 Guidance Curriculum: Instruction</b></p> <p><b>Provides structured and engaging classroom guidance lessons related to healthy student development</b></p>	<p>The counselor will engage students in lessons and demonstrate positive interactions related to lesson objectives</p> <p>The counselor will maintain a welcoming and safe classroom environment</p>			
<p><b>3.2 Guidance Curriculum: Instruction</b></p> <p><b>Implements school-wide prevention activities to support students' physical, emotional, and academic development</b></p>	<p>The counselor will implement school-wide activities that encourage a healthy lifestyle for students, staff, and parents, including physical, emotional, and academic student development activities</p>			
<p><b>4.1 System Support, Program Management, and Professionalism: Indirect Student Services and Program Planning and School Support</b></p> <p><i>Develops and implements evidenced-based counseling program</i></p>	<p>The counselor will use campus data, campus needs, and the Campus Action Plan to guide development of counseling program</p> <p>The counselor will prioritize emerging campus needs and assist in developing a proactive plan to further the school's vision.</p>			

<p><b>4.3 System Support, Program Management, &amp; Professionalism: Indirect Student Services and Program Planning and School Support</b></p> <p>Maintains standards of professionalism</p>	<p>The counselor will create a collaborative, positive and professional work environment including treating all stakeholders with respect and engaging in effective communication practices.</p>			
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**My evaluator, principal, and I have discussed this Intervention Plan. My signature does not indicate whether I agree or disagree with this plan.**

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Principal's Signature (if principal is not the evaluator)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Evaluator's Signature

\_\_\_\_\_  
Date

# Counselor Intervention Plan: Completion Review

Counselor: \_\_\_\_\_ Assignment/Grade: \_\_\_\_\_ ID #: \_\_\_\_\_

Evaluator: \_\_\_\_\_ Campus Name: \_\_\_\_\_

This plan has been successfully completed (circle or highlight): Yes      No

<b>Performance Area</b> <i>Domain(s)/ Indicator(s) from                      SCAI Performance Rubric</i>	<b>Evidence of <u>Successful</u> Completion</b>	<b>Evidence of <u>Unsuccessful</u> Completion</b>	<b>Further Action to be Taken</b>

**My evaluator, principal, and I have discussed this Intervention Plan. My signature does not indicate whether I agree or disagree with this plan.**

\_\_\_\_\_  
Employee Signature                      Date

\_\_\_\_\_  
Principal's Signature (if principal is not the evaluator)                      Date

\_\_\_\_\_  
Evaluator's Signature                      Date